

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPUCANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43	/					
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	7					
TOTAL DEP.	20					
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
51	/					
52		/				
53	/					
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62	/					
63	/					
64	/					
65	/					
66	/					
67		/				
68		/				
69		/				
70		/				
71		/				
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91					.	
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						